

# **SPECIMEN SUBMISSION FORM FOR VETERINARY SPECIMENS**

**PUBLIC HEALTH LABORATORIES**  
29 Hazen Drive, Concord, NH 03301-6527  
1-866-273-6453 (West Nile Virus toll free number)

<b>Veterinarian Name:</b>	<b>Name of animal owner:</b>															
<b>Veterinarian Address: (Street, City, State, Zip Code)</b>	<b>Owner Address: (Street, City, State, Zip Code)</b>															
<b>Veterinarian Phone:</b>	<b>Owner Phone:</b>															
<b>Veterinarian FAX:</b>																
<b>Species:</b> Equine <input type="checkbox"/> <b>Other</b> (please indicate)	<b>Name of Animal:</b>															
<b>Is the animal:</b> <b>Alive</b> <input type="checkbox"/> <b>Dead</b> <input type="checkbox"/>	<b>Euthanized</b> <input type="checkbox"/> <b>Date/time of death:</b>															
<b>Specimen(s) submitted:</b> _____	<b>Date(s) of collection:</b> _____															
<b>Has this animal been vaccinated for:</b>  <table> <tr> <td><b>WNV</b></td> <td><input type="checkbox"/> <b>Yes</b></td> <td><input type="checkbox"/> <b>No</b></td> <td><input type="checkbox"/> <b>Unknown</b></td> <td><b>If yes, date of vaccination:</b> _____</td> </tr> <tr> <td><b>EEE</b></td> <td><input type="checkbox"/> <b>Yes</b></td> <td><input type="checkbox"/> <b>No</b></td> <td><input type="checkbox"/> <b>Unknown</b></td> <td><b>If yes, date of vaccination:</b> _____</td> </tr> <tr> <td><b>Rabies</b></td> <td><input type="checkbox"/> <b>Yes</b></td> <td><input type="checkbox"/> <b>No</b></td> <td><input type="checkbox"/> <b>Unknown</b></td> <td><b>If yes, date of vaccination:</b> _____</td> </tr> </table>		<b>WNV</b>	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Unknown</b>	<b>If yes, date of vaccination:</b> _____	<b>EEE</b>	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Unknown</b>	<b>If yes, date of vaccination:</b> _____	<b>Rabies</b>	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Unknown</b>	<b>If yes, date of vaccination:</b> _____
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<b>Clinical History:</b>																
<b>Travel History:</b> (List travel history for the last 30 days)																
<b>Date of onset of illness:</b>																

Serologic tests, cell culture and molecular assays are available to detect the presence of antibody or antigen due to arboviral infections such as West Nile Virus and Eastern Equine Encephalitis. Multiple tests will be performed to confirm virus infection and in some cases follow up (convalescent) specimens will be requested. The following information is critical for accurate interpretation of test results:

- Date of onset of disease symptoms
- Dates of specimen collection
- Travel history
- Vaccination (disease) history
- Severe neurological disease
- Specimen types and amounts

Acute serum ( $\geq 3\text{ml}$ ) and CSF ( $\geq 1\text{ml}$ ) for screening by enzyme immunoassays should be collected within the first 14 days following onset of symptoms and sent immediately to the State Public Health Laboratories. In general, convalescent-phase specimens should be drawn approximately 10-14 days after acute phase specimens.

CSF as well as brain and other tissue will also be tested by cell culture. The specimens for viral isolation should be kept cold on wet ice prior to and during transport or if already frozen, submitted on dry ice. Brain specimens will be evaluated for rabies virus, and all negative samples will then be tested for the presence of arboviruses such as WNV and EEE.

*For further technical information regarding diagnostic testing, please call Denise Bolton or Sue Mac Rae, Virology/STD, at 271-4620, or 1-800-852-3345, extension 4620.*

Revised 2/2006